USING CONTINUOUS QUALITY IMPROVEMENT TO IMPROVE CHILD WELFARE PRACTICE
EXPERT MEETING

National Resource Center for Organizational Improvement & Casey Family Programs

DRAFT Framework

This framework is intended to describe what public child welfare agencies must do in order to develop and implement real and sustainable continuous quality improvement systems and processes that use data and information to improve child welfare practice. It neither prescribes nor recommends concrete best practice models, but instead identifies the key components of continuous quality improvement for child welfare.

Continuous quality improvement is a term that means different things to different people. For the purposes of this framework, continuous quality improvement (CQI) refers to activities, tools, and organizational cultures that consistently and systematically support the review of practice in multiple ways and with a variety of people. But it does not end with review. Instead CQI is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning.

Key Principles
There are several underlying principles for CQI in public child welfare. These principles express the overarching values that must guide all policies, programs, practices, tools, infrastructure, and supports for CQI. They are interrelated and work together in a dynamic way. They are not ordered in priority, as all are equally important to an effective CQI system.

1. Data and information include both quantitative and qualitative sources as well as both formal and informal gathering. CQI seeks to use all available sources of information, including, but not limited to, consumer and stakeholder input, staff feedback, personal experiences, and MIS reports.

2. Data and measurement are not ends unto themselves. The purpose of collecting, analyzing, and monitoring data and information is to identify trends and anomalies that can guide and improve (but not dictate) practice at all levels of child welfare.

3. Staff are in this work because they are committed to improving outcomes for children and families; the system must support them in this work. Continuous quality improvement operates under the premise that the system needs improving. CQI can support staff in improving their practice to ultimately improve the system for children and families.

4. People often say "if it ain't broke, don't fix it," but CQI emphasizes that all processes, even if they are not "broken," can be improved. When it comes to working with children and families, we cannot afford to wait until things are broken before we try to make them better.

5. CQI is about constant learning, not simply quality assurance or compliance. While completion and timeliness are a part of quality, they are not all of quality. True CQI goes beyond basic compliance indicators and focuses on continuous learning.

Key Components

While the principles above provide overarching values for CQI work, the following components provide guidelines based on what is known to be "best practice." The sub-components further describe what the guidelines look like in practice. In order to develop and sustain CQI systems that use data and information to improve child welfare practice, public child welfare agencies, in partnership with birth families, children, youth, caregivers, other public entities, and diverse community partners, should test and implement strategies within all six of these component areas. Dramatic improvements in the overall system will only occur when improvements in each of these components have been achieved.
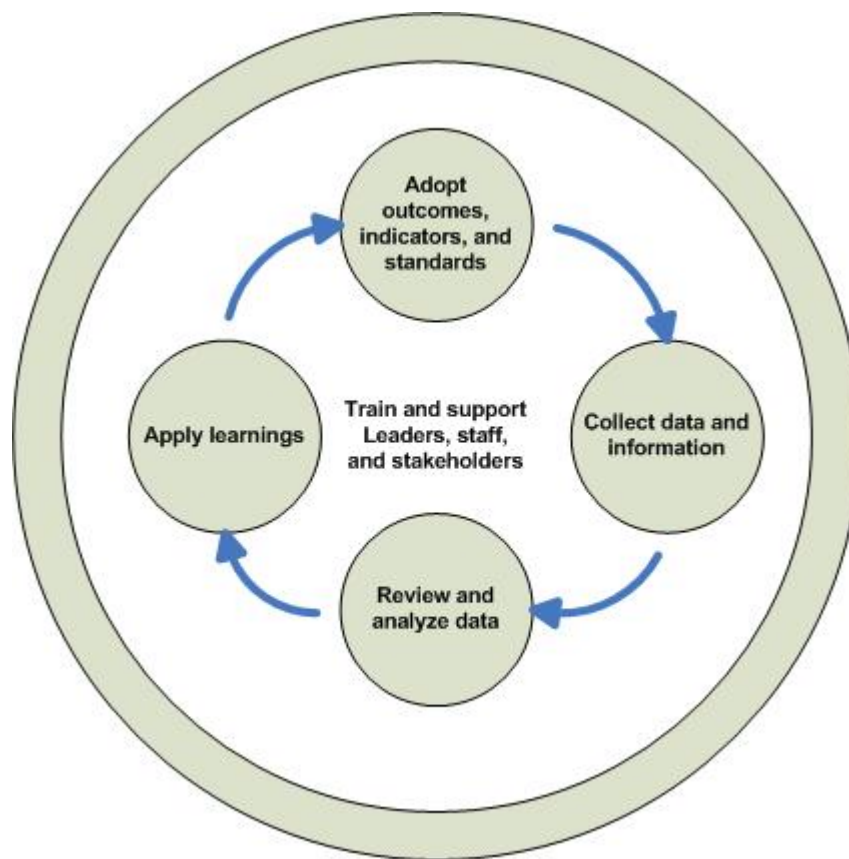
1. Adopt outcomes, indicators, and standards for programs, initiatives, and practices and use them to guide quality improvement activities.

    Subcomponents:
    A. Child welfare outcomes and indicators, practice standards, and program goals are clearly defined using easy-to-understand measurable language.

B. Staff throughout the agency are included in the development of outcomes, indicators, and standards.

C. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, are included in the development of outcomes, indicators, and standards.

D. Agency leadership and CQI staff clearly and regularly communicate outcomes, indicators, standards, and expectations to other staff and the community in a supportive, non-punitive way.

E. Measures include indicators of completion, timeliness, performance, quality, and outcome.

F. Outcomes, indicators, standards, and expectations are reviewed on a regular basis and are revised as appropriate based on learnings.

2. Collect qualitative and quantitative data and information about children, families, and staff on an ongoing basis and in real time.

    Subcomponents:
    A. User-friendly information systems are in place to collect various types of data about children and families being served, including characteristics, experiences, and outcomes.

    B. User-friendly information systems are in place to collect various types of data about staff, including workload and satisfaction.

    C. Case reviews are conducted consistently and regularly.

    D. Data collection and data entry are consistent, in real time, and of reliable quality.

    E. Staff responsible for data collection and entry are trained and supported.

3. Review and analyze qualitative data.

    Subcomponents:
    A. Resources are allocated to support case review activities.

    B. CQI staff systematically collect and maintain qualitative case information.

    C. Staff throughout the agency are selected, trained, and supported on case review methods, tools, and activities.

    D. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, regularly review qualitative case information and identify trends and key learnings.

      E. Feedback from stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, is solicited regularly and on an ongoing basis.

4. Review and analyze quantitative data.

   Subcomponents:
   A. Quantitative data from the management information system is released in usable formats for a variety of audiences, including youth, families, staff, community partners, agency partners, and agency managers.

   B. Necessary and appropriate resources and staff are allocated to lead these analyses.

   C. Staff throughout the agency are trained and supported on quantitative data analyses.

   D. Staff throughout the agency are involved in the analyses of data and help identify trends and key learnings.

   E. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, are trained and supported on quantitative data analyses.

   F. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, are involved in the analyses of data and help identify trends and key learnings.

5. Apply results and learnings from <u>conjoint</u> qualitative and quantitative analyses to improve practice and policies.

   Subcomponents:
   A. CQI staff identify strengths and best practices through conjoint analyses and these are spread quickly through the agency.

   B. Staff throughout the agency are empowered to make practice and systemic improvements based on results of CQI analyses.

   C. CQI staff support the testing and implementation of these improvements throughout the agency.

   D. Stakeholders, including consumers, staff, community partners, and partner agencies, review and analyze the results of implementation of changes and use these results to inform future changes.

E. Clear and user-friendly communication channels exist to communicate successful changes broadly across the agency and with stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers,

6. Train and support child welfare leaders and staff in the specific skills and competencies required to conduct and sustain CQI processes and activities.

   Subcomponents:
   A. Dedicated CQI staff exist within the agency to facilitate the collection, analysis, and use of data and information to make practice and systemic improvements in the agency.

   B. Supervisors, managers, administrators, and other agency leaders are champions of continuous quality improvement work, as reflected by their decision-making and communications with staff.

   C. Agency leaders support a continuous learning environment by developing reward and recognition systems for improvements.

   D. Agency leaders provide time for staff at all levels to be engaged in CQI processes and activities.

   E. Agency strategic plans and all long-term efforts and projects include CQI processes.

   F. Staff receive training, preparation, and support on how continuous quality improvement is the way of doing the work, rather than in addition to the work of the agency.

7. Train and support stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, in the specific skills and competencies required to conduct and sustain CQI processes and activities.

   Subcomponents:
   A. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, receive training, preparation, and support on continuous quality improvement methods.

   B. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, receive training, preparation, and support on reviewing and analyzing both qualitative and quantitative data.

   C. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, are included in formal advisory capacities throughout the agency.

D. Stakeholders, including children, youth, families, caregivers, other public entities, community partners, and contracted providers, are included as true partners in all CQI processes.